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			CID CONTACTO IN INCOME	<u></u>		ATTORNI	EY DOCKET NO.	CONET	RMATION NO.	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR			L			
10/781,138 02/18/2004 TITLE OF INVENTION: PACKAGING AND ORGANIZING ORTHODO			Kevin Corcoran ORM / 242US 3385						3385	
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OE	PREV. PAID ISSUE FEE		OTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0 \$1810 04/27/2009				04/27/2009	
EXAMINER		ART UNIT	CLASS-SUBCLAS							
PICKETT, JOHN G		3728	206-063500							
1. Change of corresponde CFR 1.363). Change of corresponde CFR 1.363	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 Wood, Herron & Evans, L.L.P.									
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	r typ	e)					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Ormco Corporation Orange, California										
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government										
4a. The following fee(s) are submitted: 4b. Payment of Fee					se first reapply an	ıy previot	sly paid issue fee	shown a	bove)	
Issue Fee										
					thereby authorized to charge the required fee(s), any deficiency, or credit any o Deposit Account Number 23-3000 (enclose an extra copy of this form).					
			overpayment, to I	Jepos	sit Account Numbe	er_23=3	(enclose al	i extra co	opy of this form).	
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).										
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